



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1220239
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1220239

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Company/Operator Ron-Bob Oil 1607 Main St Neosho Falls, KS 66758		Well No. 16	Lease Name Cantrell	Well Location 2145s, 4455e	1/4 SW	1/4 NW	1/4 NW	Sec. 11	Twp. 24	Rge, 16E	
Job/Project Name/No.		Well API # 15-207-28601	Type/Well Oil	County Woodson	State KS	Total Depth 1095	Date Started 5/7/2014	Date Completed 5/12/2014			
Driller/Crew Andy King		Surface Record		Bit Record		Coring Record					
		Bit Size: 11 1/4	Type PDC	Size 11 1/4	From 0'	To 40'	Core #	From	To	% Rec.	
		Casing Size: 7"	Type PDC	Size 5 7/8	From 40'	To 1095'					
		Casing Length: 40'									
		Cement Used: 10sx									
		Cement Type: Portland									

From	To	Formation	From	To	Formation	From	To	Formation
0	14	overburden						
14	155	shale						
155	441	lime						
441	485	shale						
485	638	KC lime						
638	808	shale						
808	816	lime						
816	830	sandy shale						
830	842	lime						
842	917	sandy shale						
917	920	lime						
920	933	shale						
933	939	lime						
939	955	shale						
955	956	lime						
956	971	shale						
971	975	lime						
975	980	shale						
980	984	lime						
984	1027	shale						
1027	1028	lime						
1028	1031	shale						
1031	1032	lime						
1032	1038	oil sand						

Well Notes:
 Ran 109' 2 7/8" casing.

Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765



HURRICANE SERVICES INC
 OILFIELD SERVICES
 MADISON, KANSAS

Ticket Number 100400
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5-13-14		CanTrell # 16	11-24s-16E	Woodson
Customer Row-Boh Oil		Mailing Address	City	State Zip

Job Type:	Truck #	Driver
LongString	201	Jerry
Hole Size: 5 7/8"	202	Bryan
Hole Depth: 1095'	105	James
Bridge Plug:	106	Eric
Packer:		

Quantity Or Units	Description of Services or Product	Pump charge	
			790.00
30	Mileage	\$3.25/Mile	97.50
123 SACKS	Thick SET cement	18.60	2287.80
6L 200 lbs.	Gel Flush	.30	60.00
3 Hrs.	WATER Truck #105	84.00	252.00
3 Hrs.	WATER Truck #106	84.00	252.00
30 miles	Truck #11	1.50	45.00
Tons	Bulk Truck > minimum charge	1.30/tile	300.00
RP278 2	Plugs 2 7/8" Top Rubber	25.00	50.00
		Subtotal	4134.30
		Sales Tax 7.15%	171.44
		Estimated Total	4305.74

Remarks: Rig up to 2 7/8" Tubing, Break circulation with 5 Bbls WATER, Pumped 10 Bbl. Gel Flush, circulated GrL around to condition Hole. Mixed 123 Sks. Thick SET cement @ 13 1/4 lb. P/GAL. Shutdown WASHout Pumps Lines, Release. 2-Top Rubber Plugs - Displaced Plugs with 6 1/4 Bbls WATER. Final Pumping @ 500 PSI - Pumped Plugs to 1000 PSI - closed Tubing in with 1000 PSI. Good cement returns with 5 1/2 Bbl. slurry.

"Thank you"

called by Andy King
 Customer Signature